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|---|--|-------------------------------------|------------------------|
| FEE TRANSMITTAL For FY 2009 | | Complete if Known | |
| <i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> | | Application Number | 10/577,309-Conf. #5180 |
| | | Filing Date | January 19, 2007 |
| | | First Named Inventor | Tatsuo ESAKI |
| | | Examiner Name | J. C. Langman |
| | | Art Unit | 1794 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | TOTAL AMOUNT OF PAYMENT (\$ 180.00) | |
| | | Attorney Docket No. 1272-0124PUS1 | |

| | | | | | |
|--|--|-------------------------|---|--|--|
| METHOD OF PAYMENT (check all that apply) | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | |
| <input checked="" type="checkbox"/> Deposit Account | | Deposit Account Number: | 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | |
| <input type="checkbox"/> Charge fee(s) indicated below | | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | <input type="checkbox"/> Credit any overpayments | | |

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|---|---------------------|---|----------------------|----------------------------------|-------------------------|---------------------|-----------------------|----------------------|---------------------|---|----------------------|----------------------------------|---------|------------|--------------------------------|---|-------------------------------|
| FEE CALCULATION | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | |
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | | | | | | | | | | | |
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fees Paid (\$) | | | | | | | | | | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ | | | | | | | | | | |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ | | | | | | | | | | |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ | | | | | | | | | | |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ | | | | | | | | | | |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | |
| Fee Description | | | | | | | | | | | | | | | | | |
| Each claim over 20 (including Reissues) Small Entity Fee (\$) Fee (\$) 52 26 | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 (including Reissues) Small Entity Fee (\$) Fee (\$) 220 110 | | | | | | | | | | | | | | | | | |
| Multiple dependent claims Small Entity Fee (\$) Fee (\$) 390 195 | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>4</td> <td>- 20 or HP</td> <td>x</td> <td>=</td> <td>Fee (\$) Fee Paid (\$)</td> </tr> </table> HP = highest number of total claims paid for, if greater than 20. | | | | | | | | Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | 4 | - 20 or HP | x | = | Fee (\$) Fee Paid (\$) |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | | | | | | | | | | | | |
| 4 | - 20 or HP | x | = | Fee (\$) Fee Paid (\$) | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>2</td> <td>- 3 or HP</td> <td>x</td> <td>=</td> <td>Fee (\$) Fee Paid (\$)</td> </tr> </table> HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | 2 | - 3 or HP | x | = | Fee (\$) Fee Paid (\$) |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | | | | | | | | | | | | |
| 2 | - 3 or HP | x | = | Fee (\$) Fee Paid (\$) | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>- 100 =</td> <td>/50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td>Fees Paid (\$)</td> </tr> </table> | | | | | | | | Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | - 100 = | /50 = | (round up to a whole number) x | = | Fees Paid (\$) |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | |
| - 100 = | /50 = | (round up to a whole number) x | = | Fees Paid (\$) | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00 | | | | | | | | | | | | | | | | | |

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|---------------------|-------------------|--|--------------------------------------|----------------|--------------------------|
| SUBMITTED BY | | | | | |
| Signature | | | Registration No. (Attorney/Agent) | 42,874 | Telephone (703) 205-8000 |
| Name (Print/Type) | Craig A. McRobbie | | Date | April 20, 2009 | |